

EXHIBIT B

9/25/2019

Mail - Jessica Wallace - Outlook

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Immunization/Division of EpidemiologyImmunization Requirements for School Attendance
Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1. Patient's Name _____

2. Patient's Date of Birth _____

3. Patient's Address _____

4. Name of Educational Institution _____

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

<input type="checkbox"/> Haemophilus Influenzae type b (Hib)	<input checked="" type="checkbox"/> Measles, Mumps, and Rubella (MMR)
<input checked="" type="checkbox"/> Polio (IPV or OPV)	<input checked="" type="checkbox"/> Varicella (Chickenpox)
<input checked="" type="checkbox"/> Hepatitis B (Hep B)	<input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV)
<input checked="" type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)	<input type="checkbox"/> Meningococcal Vaccine (MenACWY)

Please describe the patient's contraindication(s)/precaution(s) here: MTHFRGentle induction of methylation detoxification

Date exemption ends (if applicable)

June 2020

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print): Karl W. Bovenzi, M.D.NYS Medical License # 191281Address 638 Western Ave

Albany, NY 12203

Telephone 518-489-6822Signature Karl W. BovenziDate 7/18/19For Institution Use ONLY: Medical Exemption Status Accepted Not Accepted

Date: _____

DBH-3977 (6/16)